

Strawberry Cemetery

Turn Rt @ "Camper World" & South
of that is Strawberry Cemetery

Bishop _____ I've used to play
the fiddle for dances down there
& kids congregated to dance

Table 3-1

LICENSED PHYSICIANS BY WORK STATUS
AND RESIDENCE: UTAH, 1970

County City	Total Licensed	Practicing	Employed	Retired	Other
State Total	1,382	1,015	128	50	189
Beaver	4	3	0	1	0
Beaver	2	1	0	1	0
Milford	2	2	0	0	0
Box Elder	17	13	1	1	2
Brigham City	12	10	0	0	2
Garland	1	0	0	1	0
Tremonton	4	3	1	0	0
Cache	43	36	1	4	2
Hyrum	1	1	0	0	0
Logan	40	33	1	4	2
Smithfield	2	2	0	0	0
Carbon	10	10	0	0	0
Dragerton	0	0	0	0	0
Helper	2	2	0	0	0
Price	8	8	0	0	0
Daggett	0	0	0	0	0
Davis	61	38	4	1	18
Bountiful	41	25	1	0	15
Clearfield	3	3	0	0	0
Farmington	4	1	2	0	1
Kaysville	5	2	1	1	1
Layton	7	6	0	0	1
No. Salt Lake	1	1	0	0	0
Duchesne	5	3	1	0	1
Ft. Duchesne	2	0	1	0	1
Roosevelt	3	3	0	0	0
Emery	2	1	0	1	0
Huntington	1	0	0	1	0
Green River	1	1	0	0	0
Garfield	3	3	0	0	0
Escalante	1	1	0	0	0
Panguitch	2	2	0	0	0
Grand	3	3	0	0	0
Moab	3	3	0	0	0
Iron	10	9	0	0	1
Cedar City	9	8	0	0	1
Parowan	1	1	0	0	0

Strawberry Utah

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/ Cemetery there

Name: _____

Date: _____

Age: _____

Marital Status: _____

This questionnaire will help the doctor to find out about your health when he talks to you about the illness that led you to come to our clinic. In addition, the doctor may want to ask you more questions about some of the things mentioned on these sheets. Follow the directions and be brief in your answers. Ask the nurse if you have any questions. If you are still uncertain about particular items, leave the answers to those questions blank and you can discuss it with the doctor later.

What is the main single medical reason for coming here? _____

How long has this troubled you? _____

Briefly outline the course of your illness:

Have you had all of the usual childhood diseases? That is, did you have measles, German measles, mumps and chickenpox? Yes _____ No _____
What other serious illnesses have you had in childhood or as an adult?

Nature of illness:

How many years ago?

Have you ever been admitted to a hospital? Yes _____ No _____

Name of Hospital

How many years ago

Illness

Treatment

